2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # L80720** 04-29-2004 90271 022 ***150.00 GLUE PRODUCTS OF FLORIDA, INC. Mailing Address Principal Place of Business 17 VIA LAGO 17 VIA LAGO **BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 65-0198379 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOSS: LESLIE E Street Address (P.O. Box Number is Not Acceptable) 17 VIA LAGO BOYNTON BEACH, FL 33435 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if dolicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DVS ☐ Delete TITLE Change Addition TITLE NAME RANGER, MICHEL NAME DOW LANE **18 SHARON BLVD** STREET ADDRESS STREET ADDRESS 33463 CITY-ST-ZIP CITY-ST-ZIP LANTANA, FL-39462 LAKE WORTH DP Change ☐ Addition TITLE TITLE ☐ Delete BOSS, LESLIE E NAME NAME 17 VIA LAGO STREET ADDRESS STREET ADDRESS 16-SHARON BLVD BOYNTON BEACH FL 33435 LANTANA, FL 33482 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition OΤ ☐ Delete TITLE TITLE NAME RANGER, CLAIRE NAME DOW LANE STREET ADDRESS 6549 LAKE CLARKE DR. STREET ADDRESS WORTH 33463 CITY-ST-ZIP W. PALM-BEACH, PL 39406 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

LESLIE BOSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

561-732-3442

4-24-04